

Manifestation Determination Review

Student's Last Name	First Name	Initial	Student ID #	Home Telephone
Student's Home Address			City	State Zip Code

Participants

The following individuals participated in this Manifestation Determination Review Meeting. Additional participants should be noted and attached to this form.

Student (when appropriate)	District Representative/Designee
Parent	General Education Teacher
Parent	Special Education Teacher/Provider
An individual who can interpret the instructional implications of evaluation results	Other
(MET Representative/Potential MET Member)	Other

Considerations for Review

Describe the behavior subject to disciplinary action:

In carrying out a Manifestation Determination Review, the IEPT must consider, in terms of the behavior subject to disciplinary action, all relevant information, including:

☐ Evaluation and diagnostic results.

*Describe:

☐ Relevant information supplied by the parent.

*Describe:

☐ Observations of the student.

*Describe:

☐ The student's IEP and placement.

*Describe:

*The IDEA 1997 requires consideration of the above information. The written descriptions are optional.

Student's Last Name _____ First Name _____ Date _____

Manifestation Determination

If the determination of the IEPT is "No" to **ANY** of the statements below, then the behavior must be considered a manifestation of the student's disability.

In relation to the behavior subject to discipline and the student's disability:

1. The current IEP and placement were appropriate; ☐ Yes ☐ No
2. The special education services, supplementary aids and services, and behavioral intervention strategies were provided consistent with the student's IEP and placement; ☐ Yes ☐ No
3. The student understood the impact and consequences of the behavior subject to disciplinary action; ☐ Yes ☐ No
4. The student had the ability to control the behavior subject to disciplinary action. ☐ Yes ☐ No

The determination of the IEPT is that behavior subject to discipline is:

- ☐ not a manifestation of the disability; records are transferred to general education for disciplinary procedures.
☐ a manifestation of the disability.

Parent signature

- ☐ I received notice of procedural safeguards on the day on which the decision to take disciplinary action involving a change in placement was made.
☐ I agree with the determination above.
☐ I disagree with the determination above and request an expedited hearing.

Parent Signature _____ Date _____